

FROM TREXLER ETAL.

(WED) 11. 17' 04 16:45/ST. 16:44/NO. 4860347283 P 1

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TOTAL PAGES (Including Cover Page) 16 DATE: November 17, 2004

Commissioner for Patents  
TO: Attn.: Examiner Thien Minh Le FROM: Linda L. Palomar, Reg. No. 37,903

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**NOTES:**

Inventors: David Raistrick et al.

For: Apparatus and Method for Information

Challenged Persons to Determine

Information Regarding Pharmaceutical

Container Labels

Art Unit: 2876

Serial No.: 09/761,935

Filed: January 17, 2001

Attorney Ref.: 1766/39027/1A-CIP

**CERTIFICATION OF FACSIMILE TRANSMISSION**

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Amy L. Mitchell

Amy L. Mitchell

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(WED) 11. 17' 04 16:45/ST. 16:44/NO. 4860347283 P 2

FORM PTO-1083

Attorney Docket No. 1766/39027/1A-CIP

In re application of: Raistrick et al.

Serial No.: 09/761,935

Filed: January 17, 2001

Art Unit: 2876

For: APPARATUS AND METHOD FOR  
INFORMATION CHALLENGED PERSONS  
TO DETERMINE INFORMATION REGARDING  
PHARMACEUTICAL CONTAINER LABELS

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BOX: AMENDMENT- NON FEE  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment Pursuant to 37 C.F.R. § 1.312.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 46	MINUS	** 84	0
INDEP.	* 11	MINUS	** 11	2
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$ .00
x 44 =	\$ .00
x 150 =	\$ .00
TOTAL ADDIT. FEE	\$ 86.00

OR

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 18 =	\$ .00
x 88 =	\$ .00
x 300 =	\$ .00
TOTAL	\$ .00

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: November 17, 2004

Raiford A. Blackstone, Jr.  
Linda L. Palomar  
Attorneys of Record

Reg. No. 25,156  
Reg. No. 37,903

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FROM TREXLER ETAL.

(WED) 11. 17' 04 16:46/ST. 16:44/NO. 4860347283 P 3

FORM PTO-1083

Attorney Docket No. 1766/39027/1A-CIP

In re application of: Raistrick et al.

Serial No.: 09/761,935

Filed: January 17, 2001

Art Unit: 2876

For: APPARATUS AND METHOD FOR  
INFORMATION CHALLENGED PERSONS  
TO DETERMINE INFORMATION REGARDING  
PHARMACEUTICAL CONTAINER LABELS

<b>CERTIFICATION OF FACSIMILE TRANSMISSION</b> I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (703) 872-0306 on: <u>November 17, 2004</u> <u>Amy L. Mitchell</u> Date Amy L. Mitchell
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SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Addl. Fee		Rate	Addl. Fee
x 9 =	\$ .00		x 18 =	\$ .00
x 44 =	\$ .00		x 88 =	\$ .00
+ 150 =	\$ .00		+ 300 =	\$ .00
TOTAL ADDIT. FEE	\$ 86.00	OR	TOTAL	\$ .00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
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- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: November 17, 2004

Raiford A. Blackstone, Jr. Reg. No. 25,156  
Linda L. Palomar Reg. No. 37,903  
Attorneys of Record

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IN THE UNITED STATES  
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Serial No. 09/761,935 )

Filed: January 17, 2001 )

For: APPARATUS AND METHOD FOR  
INFORMATION CHALLENGED )  
PERSONS TO DETERMINE )  
INFORMATION REGARDING )  
PHARMACEUTICAL CONTAINER )  
LABELS )Inventors: RAISTRICK and )  
RAISTRICK )

Examiner: I.E. )

Art Unit: 2876 )

Attorney Docket No.: )  
1766/39027/1A-CIP )

## CERTIFICATION OF FACSIMILE TRANSMISSION

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Patent and Trademark Office to fax number (703) 872-9306 on:

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Amy L. Mitchell

Amy L. Mitchell

AMENDMENT PRESENTED PURSUANT TO 37 C.F.R. §1.312Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §1.312, Applicant kindly requests that the above-designated application be amended as follows: